1 | **COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

FILED

~~JAN 3 0 2020~~

2 | Name: BALDWIN, ANTHONY LEE

SUSAN Y. SOONG
CLERK, U.S. DISTRICT COURT
NORTH DISTRICT OF CALIFORNIA

3 | (Last)   (First)   (Middle Initial)

4 | Prisoner Number: K-02500

5 | Institutional Address: P.O. Box 1050

(PR)

6 | Soledad, Calif. 93960

8 | **UNITED STATES DISTRICT COURT**

9 | **NORTHERN DISTRICT OF CALIFORNIA**

10 | Anthony Lee Baldwin # K-02500

CV20   0676

(Enter your full name.)

11 |

12 | vs.

Case No. _____
(Provided by the clerk upon filing)

13 | M. Atchley   , Warden, et al

COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

14 |

15 | (Enter the full name(s) of the defendant(s) in this action.)

17 | ## I. Exhaustion of Administrative Remedies.

18 | **Note:** *You must exhaust available administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.*

20 | A.   Place of present confinement Salinas Valley State Prison, C-Facility

21 | B.   Is there a grievance procedure in this institution?   **YES** ☒   **NO** ☐

22 | C.   If so, did you present the facts in your complaint for review through the grievance

23 | procedure?   **YES** ☒   **NO** ☐

24 | D.   If your answer is YES, list the appeal number and the date and result of the appeal at each

25 | level of review. If you did not pursue any available level of appeal, explain why.

26 | 1. Informal appeal: No informal level

3 SEPERATE APPEALS, ALL TAKEN TO THE FINAL, HEAD QUARTER, LEVEL. CDCR, CCHCS

2. First ~~formal level~~ APPEAL: FIRST APPEAL LOG#: SVSP-HC-18001985, OCT.17,2018

"NO INTERVENTION" by ~~formal level formal level~~ CHIEF S. GATES (SEE ATTACHMENT B, PAGE #1 THROUGH #6)

3. Second ~~formal level~~ APPEAL: SECOND APPEAL LOG# SVSP-HC-19000164, JAN.31,2019

"NO INTERVENTION" By CHIEF S. GATES (SEE ATTACHMENT B, PAGE# 7 THROUGH #16)

_____

4. Third ~~formal level~~ APPEAL: THIRD APPEAL LOG# SVSP-HC-19000797, JUNE 30,2019

"NO INTERVENTION" By CHIEF S. GATES (SEE ATTACHMENT B, PAGE#17 THROUGH #24)

5. DEL NORTE COUNTY JAIL APPEAL LOG# 1900015, APRIL 2019, JAIL COMMANDER

E.   Is the last level to which you appealed the highest level of appeal available to you?

        YES ☒   **NO** ☐

F.   If you did not present your claim for review through the grievance procedure, explain why.

ALSO ENCLOSING CORRESPONDENCE THAT I SENT TO THE FEDERAL RECIEVER, MR. KELSO &

THIER RESPONSE. SEE ATTACHMENT B, PAGE#25 THROUGH #29

_____

II.   Parties.

A.   Write your name and present address. Do the same for additional plaintiffs, if any.

ANTHONY LEE BALDWIN, K-02500, P.O. BOX 1050, SOLEDAD, CA. 93960

_____

_____

B.   For each defendant, provide full name, official position and place of employment.

M. ATCHLEY   , WARDEN, SALINAS VALLEY STATE PRISON

DR. LAWRENCE GAMBOA M.D., CHIEF PHYSICIAN & SURGEON (2016) SALINAS VALLEY STATE PRISON

DR. DARREN BRIGHT M.D. CHIEF PHYSICIAN & SURGEON (2018) SALINAS VALLEY STATE PRISON

DR. ROSANA JAVATE M.D., PHYSICIAN & SURGEON (B-FACILITY 2018) SALINAS VALLEY STATE PRISON

DR. MANDEEP SINGH M.D., PHYSICIAN & SURGEON (C-FACILITY 2019) SALINAS VALLEY STATE PRISON

MR. ARIK APPERSON, DEL NORTE COUNTY SHERIFF, CRESCENT CITY, CALIFORNIA

MR BILL STEVENS ~~Richardson~~, DEL NORTE COUNTY DEPUTY SHERIFF, JAIL COMMANDER, CRESCENT CITY, CALIF.

EACH DEFENDENT IS SUED INDIVIDUALLY AND IN HIS, AND HER, OFFICIAL CAPACITY. AT ALL TIMES MENTIONED IN THIS COMPLAINT EACH DEFENDENT ACTED UNDER THE COLOR OF STATE LAW.

1

III. Statement of Claim.

2   State briefly the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate
3   numbered paragraph.

4   _____

5   _____

6   _____ SEE EXHIBIT A _____

7   _____

8   _____

9   _____

10   _____

11   _____

12   _____

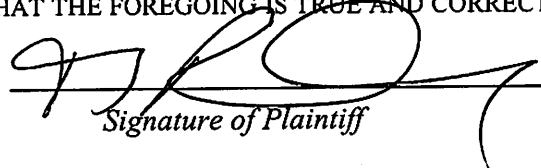13   _____

14   _____

15   _____

16

IV. Relief.

17   Your complaint must include a request for specific relief. State briefly exactly what you want the court to do for you. Do not make legal arguments and do not cite any cases or statutes.

18   _____

19   _____ SEE EXHIBIT B _____

20   _____

21   _____

22   _____

23

24   I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

25   Executed on: __1-22-2020_____   _____
                        Date   *Signature of Plaintiff*

PRISONER COMPLAINT (rev. 8/2015)
Page 3 of 3

- EXHIBIT A -

STATEMENT OF CLAIM

IN LATE 2014, WHILE AT PELICAN BAY STATE PRISON, I INJURED MY LEFT SHOULDER DOING WEIGHTED PULL UPS. I RECIEVED THE FIRST OF MANY CORTISONE SHOTS IN APPROX SEPT. 2015. I TRANSFERRED TO SALINAS VALLEY STATE PRISON IN OCT. 2015 & IMMEDIATLY PUT IN A SICK CALL SLIP. 5 MONTHS LATER ON 3-9-16 I WAS SEEN BY DR. MARK KOWALL, AN ORTHOPEDIC SURGEON AT TWIN CITIES MEMORIAL HOSPITAL IN TEMPLETON, CALIF. AT THAT TIME HE HAD ORDERED AN M.R.I SO THAT HE COULD CLEARLY SEE WHAT WAS CAUSING ME PAIN & HOW HE COULD GO ABOUT REPAIRING WHAT DAMAGE HE COULD. THE CHIEF MEDICAL OFFICER, DR. LAWRENCE GAMBOA, DENIED THE "REQUEST FOR SERVICES" FOR THE M.R.I. I FILED A GRIEVANCE & IT WAS GRANTED & ON 6-30-16 I HAD THE MRI TAKEN. THE RESULTS WERE A PARTIAL THICKNESS TEAR OF THE ROTATOR CUFF, TENDINOPATHY WITH IMPINGMENT (SEE ATTACHMENT A PAGE #1). ON A FOLLOW UP APPT. ON 9-12-16 DR. KOWALL RECOMMENDED SURGERY WHICH AGAIN THE CMO DENIED BUT THIS TIME DID NOT INFORM ME OF HIS DECISION LEAVING ME UNAWARE, WAITING FOR A SURGICAL APPT THAT WASNT COMING. OVER THE NEXT 2 YEARS I WAS FORCED TO ENDURE INTENSE PAIN & DRAMATICALLY REDUCED RANGE OF MOTION. I FILED NUMEROUS SICK CALL SLIPS TO NO AVAIL. IN NOVEMBER 2017 I TRANSFERRED FROM C-FACILITY (180 DESIGN) TO B-FACILITY 270 (DESIGN) FOR GOOD BEHAVIOR & IN FEB. 2018 I WAS PLAYING FOOTBALL & RAN FACE FIRST INTO A CEMENT TABLE IN FRONT OF BUILDING 5, & ALMOST LOST CONCIOUSNESS. AT THAT TIME I DID NOT GO TO MEDICAL BUT TRIED TO "TOUGH" IT OUT, & THAT DIDNT LAST TOO LONG. 3 WEEKS LATER I REQUESTED MEDICAL ATTENTION FOR MY FACE & MY SHOULDER. I SAW DR. ROSANA JAVATE ON 3-13-18 & TRIED TO EXPLAIN THAT I WAS IN INTENSE AGONY WHICH PREVENTED ME FROM EATING, SLEEPING & WASHING MY FACE. I WAS UNABLE TO OPEN MY JAW PAST 3/4 INCH & THE PAIN INTENSIFIED IF I TRIED TO

PG. 2

BITE DOWN. I WAS ONLY ABLE TO EAT SMOOTH STYLE PEANUT BUTTER & OVER COOKED RAMEN NOODLES. DESPITE MY VISABLE & OBVIOUS INJURIES (BOTH EYES BLACKENED & MY RIGHT EYE BALL WAS SOLID RED FROM BLOOD) DR. JAVATE DID NOT BELIEVE I WAS INJURED, OR DID NOT CARE (DELIBERATE INDIFFERENCE) OR TOO INCOMPETENT TO DIAGNOSED MY INJURIES & THAT BOTH MY FACE & SHOULDER WAS FINE, THAT I SHOULD DRINK PLENTY OF WATER & ASPIRIN. SHE DID ORDER AN X-RAY WHICH WAS TAKEN ON THE SAME DAY WHICH NOTED IRREGULARITY ALONG THE ANTERIOR NASAL SPINE, THAT THE RIGHT ZYGOMATIC ARCH WAS INCOMPLETELY VISUALIZED AS WELL AS A IRREGULARITY ALONG THE RIGHT MAXILLARY SINUS WALL, THAT A FRACTURE WAS NOT RULED OUT, THAT A CT SCAN WOULD OFFER GREATER SENSITIVITY FOR ACUTE OSSEOUS FACIAL INJURY (SEE ATTACHMENT A - PAGE #3). A FEW DAYS LATER I RECIEVED A 128-G CHRONO - X RAY RESULTS STATEING THAT THE RESULTS WERE ABNORMAL & THAT ID BE DUCATED TO SEE A DOCTOR TO DISCUSS THE RESULTS. I WAITED 2 MONTHS TO BE DUCATED & FINALLY AFTER BEING SENT TO ADMINISTRATIVE SEGREGATION (AD-SEG) & I SUBMITTED ANOTHER SICK CALL SLIP & ON 5-4-18 ANOTHER DOCTOR, DR. SAM PAJONG, SUBMITTED 2 "REQUEST FOR SERVICES" (RFS), ONE FOR A CT SCAN OF MY FACE & THE OTHER TO SEE THE ORTHOPEDIC SURGEON (SEE ATTACHMENT A - PG # 5-A & PG. # 5-B). THE CT SCAN WAS APPROVED, THE ORTHOPEDIC SURGEON FOLLOW UP WAS DENIED. ON 5-10-18 I HAD THE CT SCAN TAKEN WHICH SHOWED 3 FRACTURES AS FOLLOWS; 1- FRACTURES OF THE ANTERIOR WALL OF THE RIGHT MAXILLARY SINUS, 2- POSTEROLATERAL WALL OF THE RIGHT MAXILLARY SINUS, 3- RIGHT ZYGOMATIC ARCH. THE LAST FRACTURE WAS THE ONE THAT WAS ~~PREVENTED~~ PREVENTING MY JAW FROM OPENING. ~~~~ SEE ATTACHMENT. A PG. # 6). ON 5-25-18 DR. PAJONG REVIEWED THE CT RESULTS & SUBMITTED A "RFS" TO SEE A EAR, NOSE & THROAT (E.N.T.) SPECIALIST. DR. PAJONG ALSO EXPLAINED THAT THE "R.F.S" FOR THE ORTHOPEDIC SURGEON WAS DENIED

pg.3

But that he would prefer to deal with one issue at a time & since my inability to eat normally was the most pressing issue he would focus on that & once my jaw was fixed, he'd focus then on my shoulder. I agreed with his treatment plan & reasoning. Out of all the doctors I've seen at Salinas Valley State prison, Dr. Sam Pajong was the most dilligent, professional. He appeared to actually care about my health & well-being & unlike other doctors refused to allow CDCR's ~~BUEARACRACIE~~ bueracracie to over whelm him, instead would correct whatever was wrong & resubmit until treatment was approved. ~~~~ (See attachment-A#pg.7). On 6.22.18 I saw the E.N.T., Dr. Michael German of Salinas Central Coast Head & Neck Surgeons, he diagnosed a "closed fracture of the zygomatic arch" and "trismus". He recommended surgery to re-break the right zygomatic arch to allow my jaw to fully travel (See attachment-A, pg# 8-A, 8-B, 8-C) the "R.F.S." for the surgery was approved and on 8-15-18 ~~the~~ I was taken to Salinas Valley Memorial Hospital for surgery. During a pre-surgical discussion Dr. German explained that due to the extensive amount of time that had passed since the date of injury that the risk of damaging facial nerves & possibly fractureing my skull while attempting to re-break the zygomatic arch was elavated to an unacceptable level & he therefore recommended a more complicated procedure called a corondidectomy that he felt had a higher chance of sucess (See attachment-A, page#9,10,11). While technically the surgery was a sucess in that my jaw can now move freely, unfortunately instead of a small incision in my hair line & a small scar, I have a large knot of scar tissue in my cheek that is very uncomfortable. The delay is directly attributed to Dr. Rosania Javate who from the beginning didn't believe I was injured seriously, despite visable injuries & who did not follow dept. procedure and schedule an

PG. 4

Appointment with me to discuss the abnormal x-ray results within the time allotted her to follow up after recieving the 128-G chrono from the x-ray dept. regarding the results. She was either deliberately indifferent to my injuries & pain, or incompetent. Either way her actions or lack thereof are reviewable through litigation. After surgery I was prescribed morphine sulfate 15mg 3 times a day for pain management. Dr. Pajong once seeing that surgery was scheduled resubmitted an "R.F.S." to see the orthopedic surgeon on 8-8-18 (see attachment-A, pg#12 & 13) and 2 weeks later on 8-22-18 I saw Dr. Kowall & he stated that 2 yrs later his recommendation remains the same as it was on 10-19-16, surgery, specifically left shoulder arthroscopy, arthroscopic subacromial decompression & arthroscopic rotator cuff repair. (See attachment-A, pg#14 & 15) The "R.F.S." for the surgery was approved & scheduled for december 2018. This is the second issue of litigation. That for 2 years after Dr. Kowall, the orthopedic surgeon that Salinas Valley State prison sent me to for his specific recommendations & treatment plan, recommended surgery, they did not act/follow his recommendation & left me to suffer intense pain & limited movement for 2 years for no apparent reason or justification. Wheter this was deliberate indifference, incompetence or something more malicious is something that I'm asking the court to find out. On 12-3-18 the shoulder arthroscopy was performed by Dr. Kowall at Twin Cities Community Hospital in Templeton, Calif. (see attachment-A, page#16 through #26). At this point Dr. Kowall repaired the glenoid labrum, partial tear of the rotator cuff & performed debridement. In post-op Dr. Kowall explained that the recovery time for a shoulder surgery could be quite painful & last up to 6 months & prescribed morphine sulfate 30 mg, 2 times a day. At this time I was housed at correctional

pg.5

TRAINING FACILITY AT SOLEDAD AS A AD. SEG OVERFLOW TRANSFER. THE DOCTORS AT C.T.F. FOLLOWED DR. KOWALLS ORDERS OF MORPHINE & WHILE MY SHOULDER WAS TENDER & HURT THE MEDICATION DID ALOT TO COMBAT THE PAIN & WAS MANAGABLE. IN JAN. 2019 I WAS TRANSFERRED BACK TO SALINAS VALLEY STATE PRISON. I WAS HORRIFIED TO LEARN THAT DR. PAJONG WAS TRANSFERRED & DR. JAVATE WAS HIS REPLACEMENT. I IMMEDIATELY COMPLAINED THAT DR. JAVATE SHOULD NOT BE RESPONSIBLE FOR THE VERY MEDICAL ISSUES SHE CHOOSE TO OVERLOOKED/IGNORED OR INCOMPETANTLY MISSED. SHE TOLD ME TO GRIEVE IT & REDUCED THE PAIN MEDICATION TO 15 MG, 3 TIMES A DAY. I DID IN FACT GRIEVE DR. JAVATE & ON JAN. 31, 2019 FILED A MEDICAL COMPLAINT AGAINST DR. JAVATE, LOG# SVSP. HC-19000164, (SEE ATTACHMENT-B, PG# 7 THROUGH PG #16) DUE TO A FAVORABLE APPELLATE DECISION I WAS TRANSFERRED TO DEL NORTE COUNTY SHERIFFS DEPT. TO BE RESENTENCED ON FEB. 13, 2019. UPON MY ARRIVAL AT DEL NORTE COUNTY JAIL I WAS IMMEDIATELY CUT OFF FROM MY PAIN MEDICATIONS, MORPHINE SULFATE 15 MG 3X A DAY, DESPITE HAVING A LEGAL PRESCRIPTION EXPIRING IN MID MARCH FOR NO REASON EXCEPT THAT THE JAILS BLANKET POLICY IS NO OPIODS. DUE TO THE SMALL SIZE OF THE JAIL POPULATION (UNDER 50 INMATES) THE JAIL IS NOT REQUIRED TO HAVE A FULL TIME MEDICAL DEPT. I IMMEDIATELY FILED A GRIEVANCE REGARDING THE JAIL NOT HONORING THE PRESCRIPTION I ARRIVED WITH AS WELL AS THE JAIL REFUSING PHYSICAL THERAPY SAYING IT WASNT THIER RESPONSIBILITY & THAT IF I DIDNT LIKE THE MEDICATION ISSUE, I SHOULDNT COME TO JAIL. GRIEVANCE LOG# 19000015, PARTIALLY GRANTED AT THE 3RD LEVEL BY THE JAIL COMMANDER BY ACCOMEDATION OF MY MEDICATION BUT THAT THERE WAS NO PHYSICAL Rx IN MY CDCR MEDICAL FILE & THE RN. USED THAT LACK OF PAPERWORK AS THE REASON FOR NOT COMPLYING WITH THE JAIL COMMANDERS DECISION. I SUBMITTED THE GRIEVANCE FOR 4TH LEVEL REVIEW TO SHERIFF ARIK APPERSON 10 MONTHS AGO & HAVE

pg.6

NOT RECIEVED A RESPONSE SO I DO NOT HAVE A COPY TO SUBMIT TO THE COURT.)
IN MY GRIEVANCE I ARGUED THAT MY MEDICAL TREATMENT SHOULD NOT BE
DICTATED BY A BLANKET JAIL POLICY PROHIBITING OPIODS, BUT SHOULD IN FACT BE
DICTATED BY MY MEDICAL NEED REGARDLESS OF COST OR JAIL POLICY. EVENTUALLY
ON APRIL 10, 2019 I WAS TRANSFERRED BACK TO SALINAS VALLEY & IMMEDIATELY
SUBMITTED A SICKCALL SLIP TO RESCHEDULE MY FOLLOW UP/PHYSICAL THERAPY
APPT. WITH DR. KOWALL AS WELL AS RE-NEWING THE PAIN MEDICATION. WHEN I SAW DR. JAVATE
I TRIED TO EXPLAIN HOW EVERYTHING SEEMED TO BE DRAMATICALLY WORSE WITH MY SHOULDER. I
LOST APPROX 1/3 OF RANGE OF MOTION & HOW THE PAIN HAD WORSENED IN SEVERITY & TYPE.
THE PAIN WENT FROM A CONSTANT DULL ACHE TO A CONSTANT SHARP, GRINDING PAIN THAT WAS
DEBILITATING. SHE RESPONDING STARTING WITH MENTIONING MY GRIEVANCE I FILED
BEFORE LEAVING TO COURT BEFORE CONTINUEING OVER MY OBJECTIONS THAT SINCE THE JAIL "WEANED"
ME OFF (TOTAL FABRICATION) SHE WASN'T GOING TO RESTART IT. I COMPLAINED THAT SHE WAS
RETALIATING AGAINST ME & THAT SHE WAS NOT SUPPOSE TO DO THAT. SHE DENIED THAT HER
DECISION WAS NOT IN RETALIATION BUT SHE NEVER EXPLAINED HER REASON FOR EVEN MENTIONING
THE GRIEVANCE IN THE FIRST PLACE. SHE SUBMITTED AN "RFS" TO SEE DR. KOWALL & ON 5-7-19 I
SAW HIM & AFTER AN EXAMINATION HE DIAGNOSED "ADHESIVE CAPSULITIS" (FROZEN SHOULDER)
DIRECTLY ATTRIBUTED TO LACK OF PHYSICAL THERAPY & ADMINISTERED A SUBACROMIAL
STERIOD INJECTION. (SEE ATTACHMENT-A, PAGE# 27, #28) & SCHEDULED A FOLLOW UP.
ON 6-27-19 I HAD A FOLLOW UP APPOINTMENT WITH DR. KOWALL WHICH WE
DISCUSSED THE LACK OF IMPROVEMENT OF THE PAIN I WAS EXPERIANCING AS WELL AS A
SLIGHT IMPROVEMENT OF RANGE OF MOTION DUE I BELIEVE TO PHYSICAL THERAPY. WE DISCUSS
POSSIBLE FUTURE PROCEDURE OF MANIPULATION WHILE UNDER GENERAL ANESTHESIA
(SEE ATTACHMENT-A, PAGE# 31 & #32) AS WELL AS RECOMMENDING PRESCRIBING
MORPHINE SULFATE 30MG AT NIGHT TIME TO HELP ME SLEEP SINCE BY THIS TIME I WAS

pg. 7

Completely exhausted from lack of sleep. Once again another documented recommendation by a paid consultant that Salinas Valley sent me to specifically for a treatment plan since this issue was outside their experiance & required a specific specialist, in this case an orthopedic surgeon, to treat something that the collective wisdom of Salinas Valley's medical dept. couldn't treat themselves. The decision & the reasoning behind the decision to then disregard said specialist recommendations is beyond my comprehension. And not just the morphine recommendation, but also the original surgical recommendation back in 2016. If the CMO, Dr. Darren Bright, has no faith in the experiance & wisdom of the contracted orthopedic surgeon, I'm sure there must be a procedure in place in finding another orthopedic surgeon more in the CMO's taste. Finally in Dec. 2019 I went under general anesthesia for a second time & Dr. Kowall performed manuel forced manipulation of my left shoulder to break up the blockage that had built up & impinged movement. A procedure that would've been completely unavoidable if CDCR, as well Del Norte County Sheriffs Dept. Jail Facility, would've provided the nessessary physical therapy, & medication as I had repeatedly requested. Forced to grieve. Unfortunately by the time a grievance is heard, the need is gone, & the damage is done.

    There are 2 seperate departments at fault in this complaint. One is the California Dept. of Corrections & Rehabilitation who left me for 2 years to suffer the agony of a torn rotator cuff without the benefit of pain management medications. Of a medical department at Salinas Valley State Prison which is breathtaingly incompetant or so deliberately indifferent that it requires a Code 3 emergency just to get some individual attention & even then after the original excitement, they lose interest. There's no

PG. 8

NO ACCOUNTABILITY FOR MALFEASENCE, MALPRACTICE, INCOMPETANCE OR BLATANT INDIFFERENCE. THE C.M.O. DOESNT SECOND GUESS, QUESTION OR SUPERVISE CRITICALLY THE PHYSICIANS UNDER HIS SUPERVISION. HAS CREATED AN ATMOSPHERE OF SOME 3RD WORLD TRIAGE WHERE YOU CONSIDER YOURSELF LUCKY THAT YOU GOT THE CORRECT MEDICATION. THE SECOND DEPARTMENT IS THE DEL NORTE SHERIFFS DEPT. JAIL FACILITY IN WHICH MEDICAL CARE IS NONE EXISTANT. THEY HAVE A DOCTOR WHO COMES IN ONCE A WEEK FROM THE COUNTY CLINIC WHO'S MAIN CONCERN IS NOT THE HEALTH OF THIER INMATES, BUT THE COST. I'VE ACTUALLY SEEN THE JAIL RELEASE AN INMATE ON A 48 HOUR O.R. RELEASE TO GO TO THE HOSPITAL SO THAT THE COUNTY IS NOT LIABLE FOR THE COST. ONE INMATE WHO WAS BITTEN BY THE POLICE DOG HAD TO HAVE 3 SEPERATE SURGERIES AFTER REPEATEDLY INFECTING THE SURGICAL WOUND DUE TO NO MEDICAL STAFF AVIALABLE TO CHANGE DIRTY DRESSING/BANDAGES. IN MY CASE THE JAIL WAS MORE INTERESTED IN HOW TO AVOID THE COST OF PHYSICAL THERAPY & PAIN MANAGEMENT MEDICATION (REQUIRES SPECIAL TRAINING TO ADMINISTER) THAT THEY CONTRIBUTED GREATLY TO MY SHOULDER BECOMING FROZEN. BOTH DEPARTMENTS SHOULD BE HELD LIABLE FINANCIALLY IN THIS LITIGATION. WHILE ANY SETTLEMENT THATS AGREED TO WILL HAVE ABSOLUTELY NO EFFECT ON CDCR, IT WILL EFFECT DEL NORTE COUNTY & JUST POSSIBLY CAUSE THEM TO REVISE THEIR MEDICAL POLICIES & START TAKING CARE OF THE INMATES IN THIER CUSTODY. PROVIDING THE INMATES MEDICAL NEEDS, NOT THE COUNTYS FINANCIAL NEEDS.

    IN CLOSING, I SPENT THE LAST 6 YEARS IN AGONY IN WHICH 4 OF THOSE YEARS WERE COMPLETELY UNAVOIDABLE IF NOT FOR THE DELIBERATE INDIFFERENCE OF MULTIPLE DOCTORS, & JURISDICTIONS. FROM THE R.N.'S ON THE YARD SICKCALL LINES ALL THE WAY UP TO THE CHIEF MEDICAL OFFICERS OFFICE. THE MEDICAL STAFF JUST DOESNT SEEM TO CARE ABOUT THE INMATES SO LONG AS THEY DONT DIE & CAUSE THEM TO FILL OUT A BUNCH OF PAPERWORK.   SIGNED: _____   1-22-2020
                                                        ANTHONY LEE BALDWIN
                                                            K-02500

EXHIBIT B - RELIEF

1) A DECLARATION THAT THE ACTS AND OMISSIONS DESCRIBED HEREIN VIOLATED PLAINTIFFS RIGHTS UNDER THE CONSTITUTION AND THE LAWS OF THE UNITED STATES.

2) A PRELIMINARY AND PERMANENT INJUCTION ORDERING THE DEFENDENTS & THE MEDICAL STAFF AT SALINAS VALLEY STATE PRISON TO MAINTAIN & FULFILL NEEDED MEDICAL CARE AND PAIN MANAGEMENT AT APPROPRIATE & EFFICIENT LEVELS.

3) COMPENSATORY DAMAGES IN THE AMOUNT OF $50,000.ºº AGAINST EACH DEFENDENT, JOINTLY & SEVERALLY.

4) PUNITIVE DAMAGES IN THE AMOUNT OF $50,000.ºº AGAINST EACH DEFENDANT

5) A JURY TRIAL ON ALL ISSUES TRIABLE BY A JURY

6) PLAINTIFFS COST IN THIS SUIT

7) ANY ADDITIONAL RELIEF THIS COURT DEEMS JUST, PROPER & EQUITABLE

(ATTACHMENTS)
A

MEDICAL RECORDS

SVSP

Last _____   CDCR# **K02500** DOB ____   #-4

Physical Examination
Shoulder (Left) Right

Name _____   Date **3-9-16**

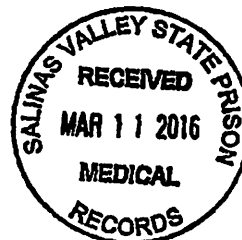**Salinas Valley State Prison — RECEIVED MAR 11 2016 MEDICAL RECORDS** (stamp)

Cervical Spine
Tenderness: None   Midline   Paracervical R (L) ___
ROM: (Normal) Decreased
Foramenal Compression Test (Negative)   Neck Pain   Radicular Pain

Shoulder
Inspection: (Normal) Muscular   Atrophy   Hypertrophy
      Asymmetry _____

Tenderness: None (AC Joint) (Biceps Tendon) (Subacromial Space) Ant/ Post Capsule

Range of Motion:
  Passive (Normal)   Abnormal

  Active Normal   Decreased Terminal   FF **160** ABD **60** IR **L3** ER **30**

  Pain through "zone of impingement"   None   **3** +

Strength: Normal   FF ___ + ABD **4+** + ER **4+** + IR **5-** + SS **4+** +

Impingement Maneuvers: Negative
Jobe's **3** + ABD/IR **3** + Speed's __ + O'Brien's __ + Yergason's X-Body Add **2** +

Instability Maneuvers:
  Ant. Drawer _____   Post. Drawer _____   Sulcus Sign _____   Guarding

Vascular (UE): (Intact) Abnormal   Neuro (UE): (Grossly intact) Abnormal

Radiographs: (Normal) (Abnormal) **4-22-15 — Early sclerosis AC Joint**
  □ Subchondral cysts □ Subchondral sclerosis □ Periarticular osteophytes
  □ Joint space narrowing □ Joint subluxation
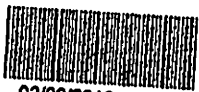MRI: __ pending _____

Impression:
1) Left shoulder chronic impingement
2) Early AC joint OA
3) R/O RC Tear

LAW SAN FU, MD

MAR 10 2016

K02500
02

#-3

SWP

____Last_____CDCR# *K02500* DOB____

Recommendation IS:

➔ Discussed symptoms, PE findings, XRays, diagnosis, options (Operative and Nonop.)

Patient elects to have Surgery

Failed Conservative Management: □NSAID's □Injection □Physical Therapy

NSAID'S_____ Other Meds: _____

Injection (1cc Dexamethasone/3cc 1% Xylocaine, Sterile Tech.) Subacromial   AC
            Risks and Complications discussed   Glenohumeral
            Improvement S/P injection _____%

Independent Shoulder Exercise Program (Instructions given)

Physical Therapy   _____x/week   for _____weeks

Surgery: Arthroscopy, Decompression, Distal Clavicle Resection,

        Rotator Cuff Repair, Debridement, SLAP Repair, Labrum Repair,

        Anterior Reconstruction, Biceps Tenotomy, Biceps Tenodesis,

        HemiArthroplasty, TSA,   Manipulation under Anesthesia

        AC Joint Reconstruction_____
                    □Procedure, Risks and Complications discussed with patient

Pre-Operative Medical Clearance for Surgery Requested

        EKG, CXR, CBC, Chemistry Panel _____

Further Diagnostic Procedures: ~~Contrast~~ MRI   Assess RC

Other:_____ T CA1 Qua 13
                                     PreOp clearance Nlewatins
Information Literature given to patient *Impingent Syndrome Rotator Cuff Tear Shoulder Surgery*
                                Arthritis Shoulder Dislocation Labrum   ANATOMY

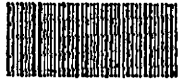Follow up Appointment P MRI Request Authorization for Surgery

_____
Mark G. Kowall, M.D., ~~M.B.A.~~
Orthopedic Surgery Consultant

ACCT# 8679770
MR# 000362660

Last: _____ DOB: _____ SVSP CDCR# _K02500_

03/09/2016 M 42Y 0/36
ALDWIN, ANTHONY DOB: 11/03/1973
: KOWALL MARK PCP: KUMAR REETIKA

Orthopedic History

Today's Date: _3/9/16_ (R) or L Hand Dominant Age: _42_ Height: _5'9"_ Weight: _170_

What Institution are you from _SALINAS VALLEY_

Chief Complaint

Why are you seeing the doctor today? _LEFT SHOULDER, lower back & LEFT KNEE
Pain — pain intensity 5-8/10
— internal SAS
+ AC Region_

1-2021

Date of Injury: _N/A_

How did Injury occur: _N/A_

How long have you have pain in the area that you are seeing the doctor for: _1_ years ____ mos ____ days

What makes the pain worse? _MOVEMENT_

What makes the pain better? _???_

Do you have pain with activity? (Y) N Pain with weight bearing? (Y) N Does pain affect daily activities? (Y) N
Knee Locking? Y (N) Knee Giving way? (Y) N Shoulder Pain with Overhead Activities? (Y) N
Night time Pain awakening (Y) N Previous injections? (Y) N (How many _2_) last 8 mos ago
→ Beneficial
2nd No Benefit

Do you take any **medication** for the problem?
(What is the name of medication?) _ACTAMOPHEN_

Have you had previous Surgery for the problem?
(when/where?): _NO_

Past Medical History

Allergies: _PCN_

Medications (CDCR Med List): _RANITIDINE PRILOSEC & ACTAMOPHEN_

Medical Problems: high blood pressure diabetes heart attack stroke arthritis (Hepatitis) C NONE

Other: _____

Past Surgery (Dates): _Ø_

Have you ever had General Anesthesia before? Yes (No) Any Problems: _____

-03/09/2016 M 42Y 0/36
BALDWIN, ANTHONY DOB: 11/03/1973
Dr. KOWALL MARK PCP: KUMAR REETIKA

_Last:_____ DOB:_____ CDCR#_K02500_

Family History

| | Alive | Deceased | Age | Health status or cause of death |

Mother _SHARON BALDWIN, ALIVE, 68, TYROID & CHOLESTEROL_

Father _ROY BALDWIN, DEAD, CIRROSIS OF LIVER_

Brother/Sister _MARC BALDWIN, DEAD, SEVERE RETARDATION_

Brother/Sister_____

Brother/Sister_____

Social History

Single   Married   (Divorced)   Separated   Widowed
Children: No   (Yes#) 2
Former Occupation:
TATTOOIST
Smoke Currently?   Yes   (No)   ___packs per day for ___ years
Quit Smoking?   This Year   >1year   (>5years)   >10years
Previously smoked... _1_ packs per day for _10_ years
Drink Alcohol in past?   Daily   1-2x/week   1-2x/month   (never)
Drug Use in past: _METH_

Review of Systems

Are you currently having or have you had problems with:
Describe all Yes responses

System	Response	Notes
Eyes	(Yes) No	GLASSES
Ears, Nose, Throat	Yes (No)	
Lungs, Breathing	Yes (No)	
Heart	(Yes) No	IRREGULAR HEARTBEAT
Digestion	Yes (No)	
Bowels or Bladder	Yes (No)	
High Blood Pressure	Yes (No)	
Diabetes	Yes (No)	
Bleeding Problems	Yes (No)	
Balance Problems	Yes (No)	
Numbness/Tingling	Yes (No)	
Blackouts/Fainting	Yes (No)	
Psychological Problems	Yes (No)	
Cancer	Yes (No)	
AIDS	Yes (No)	
Hepatitis	(Yes) No	C
Arthritis	(Yes) No	EVERYWHERE "
Polio	Yes (No)	
TB	(Yes) No	POSITIVE TEST IN 1996, 6.MONTHS I.N.H. MED
Seizures	Yes (No)	

PLEASE COMPLETE PRIOR TO DOCTOR'S VISIT
RETURN FORM WITH PATIENT AT TIME OF VISIT

Reviewed_____ MD

STATE OF CALIFORNIA

HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES
(To be completed by requesting Physician and forwarded to Utilization Management Unit)

DEPARTMENT OF CORRECTIONS

PATIENT NAME	Baldwin, Anthony	CDC NUMBER K02800	INSTITUTION SVSP

DATE OF BIRTH 11/03/1973	EPRD DATE		GENDER Male

PRINCIPLE DIAGNOSIS left frozen shoulder	ICD - 9 CODE	CPT CODE(S)

REQUESTED SERVICE(S) Ortho	# OF DAYS RECOMMENDED

Please circle all that apply: Diagnostic Procedure/**Consultation**   Outpatient/Inpatient   Initial/Follow-up

Requested Treatment/Service is: **EMERGENT**   **URGENT**   **ROUTINE**

For the purpose of retrospective review, if emergent or urgent, please justify: _____

Proposed Provider: _____   Anticipated Length of Stay: _____

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer): _____

Medical Necessity (*briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant*): left shoulder pain with movement, limited shoulder ROM NSAIDs > 3 weeks, PT > 6 wks, Activity modification > 6 wks.

Estimated time for service delivery, recovery, rehabilitation and follow-up: _____

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): _____

Comments (diagrams, risk factors, prognosis, alternative management, etc.): _____

REQUESTING PHYSICIAN PRINTED NAME GARY SAN FU, MD	APPROVED / AUTHORIZED / DENIED / DEFERRED BY / DATE LAWRENCE GAMBOA, M.D. CHIEF PHYSICIAN & SURGEON (A)

REQUESTING PHYSICIAN SIGNATURE	DATE	Utilization management tracking #: 968658

DATE OF CONSULTATION JAN 14 2016 3-9-16	PRINTED NAME OF CONSULTANT 968667

FINDINGS: _____

1/2 Shoulder Consult
> see attach

RECOMMENDATIONS: _____

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: MRI ASAP   FN p MRI

CONSULTANT SIGNATURE	DATE 3-9-16	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH K02800 Baldwin, Anthony

ETA RN SIGNATURE	DATE 3/9/16	

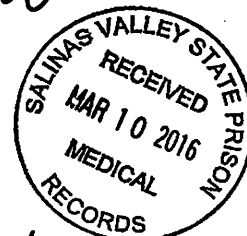| PCP SIGNATURE	DATE	

Attach Progress Note
THIS FORM MUST BE R

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CANARY - CONSULTANT
PINK - UM
GOLD - SPECIALTY SCHEDULER

SALINAS VALLEY STATE PRISON
RECEIVED MAR 10 2016 MEDICAL RECORDS

11/03/1973

3-9-16 17:00 02-129

JAN 18 2016
BY

PHYSICIAN REQUEST FOR SERVICES (RFS)   CDC 7243 (Rev. 11/02)

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES   Salinas Valley State Prison

Name: ANTHONY BALDWIN   Patient   11775612
DOB: 11/03/1973   ID:
Exam   MRI SHOULDER LEFT W/O   SecondaryK02500
Name: CONTRAST | 73221   ID:
Primary   L. Fu, MD - DVI|
Care   Exam   06/30/2016
Provider: Date: 02:05 PM
Ordering L. Fu, MD
Provider:

Exam: Left shoulder MRI

Clinical history: LEFT SHOULDER - OA RULE OUT RC TEAR

Comparison: 4/23/2015

Findings: Multiplanar, multisequence left shoulder MRI including T1 and
T2-weighted sequences, without contrast.

There is mild acromioclavicular arthropathy and a mildly downward sloping
acromion. There is associated mild mass effect on the supraspinatus tendon with
tendinosis and partial-thickness tearing along the bursal surface. There is
also tendinopathy and partial thickness tearing near the supraspinatus and
infraspinatus insertion. No full-thickness rotator cuff tear is identified.
There is no significant tendon atrophy or retraction.

There is mild distal subscapularis tendinopathy. The long head of the biceps
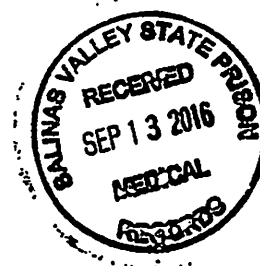tendon is in place and intact.

The labrum appears grossly intact, though evaluation is limited without
intra-articular contrast or significant joint effusion.

There is no significant effusion. There is mild chondrosis. No
full-thickness cartilage defect is identified.

Impression:

1. Distal rotator cuff tendinopathy and partial thickness tearing. No
full-thickness rotator cuff tear.

2. Findings which can be seen with mild impingement, correlate clinically.

3. No labral tear, joint effusion, or significant chondromalacia.

Fernando Love ...
Physician and Surgeon

SEP 1 2 2016

Report Electronically Signed by: M Laufik MD
Report Electronically Signed on: 07/07/2016 04:21 PM

NOV 0 8 2018

K02500
C2-115

Confidential Printed 2016.11.02 15:08:16 -07'00'

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME: Baldwin, Anthony

CDC NUMBER: F02500

INSTITUTION: SVSP

DATE OF BIRTH:

EPRD DATE:

GENDER: M

PRINCIPLE DIAGNOSIS: ® Shoulder partial rotator cuff

ICD - 9 CODE:

CPT CODE(S):

REQUESTED SERVICE(S): Dr Kowall - Ortho eval

OF DAYS RECOMMENDED:

Please circle all that apply: Diagnostic Procedure/**Consultation**

Outpatient/Inpatient

Initial/Follow-up

Requested Treatment/Service is: EMERGENT   URGENT   **ROUTINE**

For the purpose of retrospective review, if emergent or urgent, please justify:

Proposed Provider:

Anticipated Length of Stay:

Expected disposition (i.e.: outpatient follow-up, return to institution/unit):   partial thickness tear PT

Medical Necessity *(briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant):*   pain @ shoulder. Then ↑ reports restart ortho eval

Shoulder. Partial rotator cuff x2 - multiple

Estimated time for service delivery, recovery, rehabilitation and follow-up: failure to improve

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months):

Comments (diagrams, risk factors, prognosis, alternative management, etc.):

REQUESTING PHYSICIAN PRINTED NAME: Pranam P. Mehta

REQUESTING PHYSICIAN SIGNATURE:

APPROVED / **AUTHORIZED** / DENIED / DEFERRED BY:

DATE: 9/10/16

Utilization management tracking #: 106353

PRINTED NAME OF CONSULTANT:

DATE OF CONSULTATION: 10/19/16

Shoulder ® R eval in Tx 3 yr MRI PRT

designed given start term benefit on SLY

Current ROM night pain

PE - Shoulder ROM FF 140 ABD 140 Ext Med PR

ST fibers 2+ Med PR

Impression: Partial RCT ② chronic tendinopathy R

@ no benefit. Elects surgery - R TRR cuff repair

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: Reassessment post surgery

CONSULTANT SIGNATURE:

DATE: 10/19/16

ETA RN SIGNATURE: J. CALIJA, RN

DATE: 10-14-14

PCP SIGNATURE:

DATE:

Attach Progress Note page for additional information.
THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

ACCT# 100099977
MR# 000362660

- 10/19/2016 M 42 2/60
BALDWIN, ANTHONY DOB: 11/03/1973
Dr. KOWALL MARK PCP: KUMAR REETIKA

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CDC-7243 (Rev. 11/02)

PHYSICIAN REQUEST FOR SERVICES (RFS)

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH:

Baldwin Anthony
F02500
01/3/1973

Lawrence Pamboa, MD
Chief Physician & Surgeon
SEP 20 2016

SALINAS VALLEY STATE PRISON
RECEIVED
OCT 20 2016
MEDICAL RECORDS

STATE OF CALIFORNIA   DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES
(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME BALDWIN ANTHONY	CDC NUMBER K-0950	INSTITUTION SWP

DATE OF BIRTH 11/3/1973	EPRD DATE 2021	GENDER M

PRINCIPLE DIAGNOSIS Rotator cuff Partial tear	ICD - 9 CODE	CPT CODE(S)

REQUESTED SERVICE(S) Dr Knodel - Surgery		# OF DAYS RECOMMENDED

Please circle all that apply: Diagnostic Procedure/Consultation   (Outpatient)/Inpatient   Initial/(Follow-up)

Requested Treatment/Service is: **EMERGENT**   **URGENT**   (ROUTINE)

For the purpose of retrospective review, if emergent or urgent, please justify: _____

Proposed Provider: _____ Anticipated Length of Stay: _____

Expected disposition (i.e.: outpatient follow-up, return to institution, transfer): _____ NGNO Any _____

Medical Necessity (*briefly describe the clinical situation; the history of the illness, treatments used. pertinent lab and imaging studies, or questions for the consultant*): Rotator cuff partial tear, No relief on intense Phd (Desired relief) Failed NSAIDs. Failed PT. recommend surgery

Estimated time for service delivery, recovery, rehabilitation and follow-up: for Impingement + repair of Rotator cuff

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months): _____

Comments (diagrams, risk factors, prognosis, alternative management, etc.): _____

REQUESTING PHYSICIAN PRINTED NAME	APPROVED / AUTHORIZED (DENIED) / DEFERRED BY	DATE
REQUESTING PHYSICIAN SIGNATURE	DATE 11/2/16	Utilization management tracking #: UR# 108119

DATE OF CONSULTATION	PRINTED NAME OF CONSULTANT

FINDINGS: _____

Needs IO

Lawrence Gamboa, MD
Chief Physician & Surgeon

RECOMMENDATIONS: _____ NOV

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED: _____

CONSULTANT SIGNATURE	DATE	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
ETA RN SIGNATURE	DATE	K-0950
PCP SIGNATURE	DATE	BALDWIN ANTHONY 11/3/73

Attach Progress Note page for additional information.
THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

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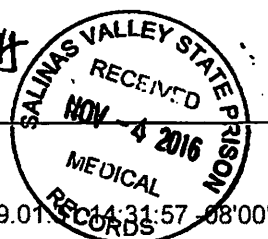
PHYSICIAN REQUEST FOR SERVICES (RFS)   CDC 7243 (Rev. 11/02)

Confidential Printed 2019.01 14:31:57 -08'00'

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES   Salinas Valley State Prison

Name:	ANTHONY BALDWIN	Patient ID:	11775612
DOB:	11/3/1973	Secondary ID:	K02500
Exam Name:	XR FACIAL BONES-2 VWS	70140		
Age:	44Y 6M	Exam Date:	3/13/2018 09:22 AM
Primary Care Provider: R. Javate, MD – CTF|			
Ordering Provider:	R. Javate, MD		

CLINICAL INDICATION: 3 weeks post facial injury. R/O FX. I/P verbalizes to have ran head first into a table.

COMPARISON: None

TECHNIQUE: 4 maxillofacial radiographs

FINDINGS: There is mild irregularity along the anterior nasal spine, possible chronic. The right zygomatic arch is incompletely visualized/evaluated. There is irregularity along the right lateral maxillary sinus wall. A fracture is not excluded.

There is otherwise no acute fracture or dislocation on plain radiographs. The orbits appear intact.

There is partial right maxillary sinus opacification. The mastoid air cells appear grossly clear. The visualized soft tissues are unremarkable.

IMPRESSION: Possible age-indeterminate fracture along the lateral right maxillary sinus wall. Mild irregularity along the anterior nasal spine. Partial right maxillary sinus opacification.

Note: If there is continued clinical concern, CT offers much greater sensitivity for acute osseous facial injury.

Report Electronically Signed by: M Laufik MD
Report Electronically Signed on: 3/13/2018 01:26 PM

#4

SVSP - Salinas Valley State Prison

Patient: **BALDWIN, ANTHONY LEE**
DOB/Age/Sex: 11/3/1973 / 44 years   / Male   CDCR: K02500

Diagnostic Radiology			

| ACCESSION | EXAM DATE/TIME 3/13/2018 00:00 PDT | PROCEDURE XR FACIAL BONES-2 VWS | ORDERING PROVIDER Javate,Rosana P&S | STATUS Auth (Verified) |

Report

PATIENT NAME: ANTHONY BALDWIN
MRN: 11775612
DOB: 11/03/1973
ACCOUNT: 10000001511775612K02500
ORDERING PHYSICIAN: R. Javate
Service Date: 03/13/2018

CLINICAL INDICATION: 3 weeks post facial injury. R/O FX. I/P verbalizes to have ran head first into a table. COMPARISON: None TECHNIQUE: 4 maxillofacial radiographs FINDINGS: There is mild irregularity along the anterior nasal spine, possible chronic. The right zygomatic arch is incompletely visualized/evaluated. There is irregularity along the right lateral maxillary sinus wall. A fracture is not excluded. There is otherwise no acute fracture or dislocation on plain radiographs. The orbits appear intact. There is partial right maxillary sinus opacification. The mastoid air cells appear grossly clear. The visualized soft tissues are unremarkable. IMPRESSION: Possible age-indeterminate fracture along the lateral right maxillary sinus wall. Mild irregularity along the anterior nasal spine. Partial right maxillary sinus opacification. Note: If there is continued clinical concern, CT offers much greater sensitivity for acute osseous facial injury.

Interventional

No data exists for this section

Magnetic Resonance Imaging

No data exists for this section

Mammography

No data exists for this section

Nuclear Medicine

No data exists for this section

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Report Request ID: 11063047   Print Date/Time: 9/7/2018 11:17 PDT

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME	CDC NUMBER			INSTITUTION
Baldwin, Anthony	K02500			SVSP
DATE OF BIRTH	EPRD DATE		GENDER	
11/3/73	4/9/21		Male	
PRINCIPLE DIAGNOSIS left shoulder rotator cuff tear	ICD-9 CODE		CPT CODE(S)	
REQUESTED SERVICE(S) treatment				# OF DAYS RECOMMENDED

Please check all that apply : ☐ Diagnostic Procedure/Consultation   ☐ Outpatient/Inpatient   ☐ Initial/Follow-up

Requested Treatment/Service is: ☐ EMERGENT   ☐ URGENT   ☒ ROUTINE

For the purpose of retrospective review, if emergent or urgent, please justify:

Proposed Provider: orthopedics   Anticipated Length of Stay:

Expected Disposition (i.e. outpatient follow-up, return to institution, transfer:)

Medical Necessity (*briefly describe the clinical situation; the history of the illness, treatments used, pertinent lab and imaging studies, or questions for the consultant):* 44 years old male with chronic left shoulder pain who had seen orthopedic at Twin City Medical Center on 3/9/16 and was told to obtain MRI before returning to for follow-up. Patient had the MRI of the left shoulder done on 6/30/2016 which show distal rotator cuff partial-thickness tear. Patient continued to have symptom of painful that he cannot sweep or mop the floor as well as difficulty with putting on his clothes. Patient will need the follow-up examination with the orthopedic.

Estimated time for service delivery, recovery rehabilitation and follow-up:

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months):

Comments (diagrams, risk factors, prognosis, alternative management, etc.):

REQUESTING PHYSICIAN PRINTED NAME S. Palong, DO			
REQUESTING PHYSICIAN SIGNATURE			DATE OF CONSULTATION
	PRINTED NAME OF CONSULTANT		

APPROVED / AUTHORIZED / DENIED / DEFERRED BY: DATE   MAY 08 2018
D. Bright, D.O.
Chief Physician & Surgeon

UTILIZATION MANAGEMENT TRACKING #   DATE 5/4/18

FINDINGS:

RECOMMENDATIONS:

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED:

	DATE	
CONSULTANT SIGNATURE	DATE	CDC NUMBER, NAME (DR, FIRST, MI) AND DATE OF BIRTH
ETA RN SIGNATURE	DATE	K02500
PCP SIGNATURE	DATE	Baldwin, Anthony
		11/3/73

Attach Progress Note page for additional information.

THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

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PHYSICIAN REQUEST FOR SERVICES (RFS)

CDC 7243 (ELECTRONIC 9/11)

#5-A
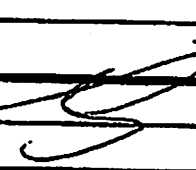
STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES
PHYSICIAN REQUEST FOR SERVICES

(To be completed by requesting Physician and forwarded to Utilization Management Unit)

PATIENT NAME	CDC NUMBER	INSTITUTION
Baldwin, Anthony	K02500	SVSP

DATE OF BIRTH	EPRD DATE	GENDER
11/3/73	4/9/21	Male

PRINCIPLE DIAGNOSIS	ICD-9 CODE	CPT CODE(S)
right lateral maxillary wall fracture		

REQUESTED SERVICE(S)		# OF DAYS RECOMMENDED
CT of the face		

Please check all that apply : ☐ Diagnostic Procedure/Consultation ☐ Outpatient/Inpatient ☐ Initial/Follow-up

Requested Treatment/Service is: ☐ EMERGENT   ☒ URGENT   ☐ ROUTINE

For the purpose of retrospective review, if emergent or urgent, please justify:

Proposed Provider: radiology   Anticipated Length of Stay:

Expected Disposition (i.e.: outpatient follow-up, return to institution, transfer:)

Medical Necessity (briefly describe the clinical situation; the history of the illness, pertinent lab and imaging studies, or questions for the consultant): 44 years old male who sustaining a right facial injury in February 2018 And x-ray on 3/13/18 show a right lateral maxillary wall fracture. Patient continued to complaining of difficulty of mastication as well as abnormal sensation foul along the upper right gingival region. Patient is in need of CT scan to evaluate the stability of the fracture as well as any other pathology to describe patient complaint.

Estimated time for service delivery, recovery rehabilitation and follow-up:

Summary of preliminary or diagnostic work up, conservative treatment provided (if applicable, please provide TB code, CD4, viral load, albumin, total protein and dates within last 3 months):

Comments (diagrams, risk factors, prognosis, alternative management, etc.):

REQUESTING PHYSICIAN PRINTED NAME		
S. Palong, DO		

REQUESTING PHYSICIAN SIGNATURE   DATE 5/4/18

APPROVED / AUTHORIZED / DENIED / DEFERRED BY	DATE	UTILIZATION MANAGEMENT TRACKING #

DATE OF CONSULTATION   PRINTED NAME OF CONSULTANT

FINDINGS:

RECOMMENDATIONS:

FOLLOW-UP OR FURTHER EVALUATIONS REQUESTED:

CONSULTANT SIGNATURE	DATE
ETA RN SIGNATURE	DATE
PCP SIGNATURE	DATE

THIS FORM MUST BE RETURNED WITH THE PATIENT!!!

Attach Progress Note page for additional information.

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PHYSICIAN REQUEST FOR SERVICES (RFS)

CDC7243 (ELECTRONIC 9/11)

CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
K02500
Baldwin, Anthony
11/3/73

RECEIVED
JULY 1 - 2018
SALINAS VALLEY MEDICAL

Scanned in   UM 5/4/18

WM 5/4/18

#5-8

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

Salinas Valley State Prison

Name: ANTHONY BALDWIN   Patient ID: 11775612
DOB: 11/3/1973   Secondary ID: K02500
Exam Name: CT FACIAL BONES W/O
                 CONTRAST | 70486   Exam Date: 5/10/2018 09:22 AM
Age: 44Y 6M
Primary Care Provider: R. Javate, MD - CTF|

EXAMINATION: CT of the facial bones without contrast.

CLINICAL HISTORY: Fracture.

COMPARISON: 3/13/2018.

FINDINGS: A helical CT of the facial bones was performed without contrast.
Axial, sagittal, and coronal reformations were obtained.

Minimally displaced fractures through the and anterior and posterolateral walls
of the right maxillary sinus are present. A mildly depressed comminuted fracture
of the right zygomatic arch is present.

The remainder of the visualized osseous structures are intact. No additional
fractures are seen.

The paranasal sinuses and mastoid air cells are clear.

Small, nonspecific lymph nodes are present within the neck. No lymphadenopathy
is seen.

The visualized portion of the brain is within normal limits.

IMPRESSION:

1. Fractures of the anterior wall of the right maxillary sinus, posterolateral
wall of the right maxillary sinus, and right zygomatic arch.

Report Electronically Signed by: D Goller MD
Report Electronically Signed on: 5/10/2018 02:31 PM

TWO MONTHS AFTER X-RAYS

#B-A

Baldwin, Anthony 11/03/1973
Office/Outpatient Consultation**New Pt- inmate, Right Maxillary Sinus Fx**
Visit Date: Thu, Jun 21, 2018 08:20 am
Provider: Michael German, MD (Assistant: Jessica Romero, MA)
Location: Salinas Central Coast Head & Neck Surgeons, Inc.

Electronically signed by Michael German, MD on 06/21/2018 08:32:50 AM
Printed on 06/22/2018 at 9:42 am.

SUBJECTIVE:

HPI: 44 year old incarcerated man sustained right ZMC fracture in February of this year when he fell and hit a table. Had a CT done in May demonstrating the fracture. Currently he complains of pain in the left cheek, numbness in the upper teeth, and inability to fully open his jaw. He has been placed on oxcarbazepine for pain, naprosyn as well but not helping. He desires surgery to correct the problem.
ROS:
CONSTITUTIONAL: Negative for fever.
EYES: Negative for dry eyes.
E/N/T: See HPI
CARDIOVASCULAR: Negative for chest pain.
RESPIRATORY: Negative for hemoptysis.
GASTROINTESTINAL: Negative for abdominal pain.
MUSCULOSKELETAL: Negative for myalgias.
INTEGUMENTARY/BREAST: Negative for jaundice.
NEUROLOGICAL: Negative for vertigo.
HEMATOLOGIC/LYMPHATIC: Negative for easy bruising.
ENDOCRINE: Negative for excessive sweating.
PSYCHIATRIC: Negative

PMH/FMH/SH:
Last Reviewed on 6/21/2018 08:28 AM by German, Michael
Tobacco/Alcohol/Supplements:
Last Reviewed on 6/21/2018 08:28 AM by German, Michael

Substance Abuse History:
Last Reviewed on 6/21/2018 08:28 AM by German, Michael

Mental Health History:
Last Reviewed on 6/21/2018 08:28 AM by German, Michael

Communicable Diseases (eg STDs):
Last Reviewed on 6/21/2018 08:28 AM by German, Michael

Current Problems:
Last Reviewed on 6/21/2018 08:28 AM by German, Michael
Closed fracture of zygomatic arch

Immunizations:
None

Allergies:
Last Reviewed on 6/21/2018 08:31 AM by German, Michael
Penicillins:

Current Medications:
Last Reviewed on 6/21/2018 08:28 AM by German, Michael
None

OBJECTIVE:

Exams:

K02500

#B·B

Baldwin, Anthony 11/03/1973
Office/Outpatient Consultation**New Pt- inmate, Right Maxillary Sinus Fx**
Visit Date: Thu, Jun 21, 2018 08:20 am
Provider: Michael German, MD (Assistant: Jessica Romero, MA)
Location: Salinas Central Coast Head & Neck Surgeons, Inc.

Electronically signed by Michael German, MD on 06/21/2018 08:32:50 AM
 Printed on 06/22/2018 at 9:42 am.

GENERAL: well developed; well nourished ambulates independently extensive tattooing head, neck, limbs. Large swastika on scalp
EYES: lids and conjunctiva are normal; PERRLA; EOMI; nystagmus none
EARS: normal external ears;
NOSE: normal external nose; and Nose: normal nasal mucosa, septum, turbinates, and sinuses;
ORAL CAVITY/OROPHARYNX: Lips/Teeth/Gums: trismus to 3cm, class 1 occlusion; Oropharynx: normal mucosa, palate, and posterior pharynx;
Digestive: and Normal major salivary glands
NECK: neck supple; thyroid is normal to palpation;
LYMPHATIC: no enlargement of cervical nodes;
RESPIRATORY: normal respiratory rate and pattern with no distress;
SKIN: no ulcerations, lesions or rashes
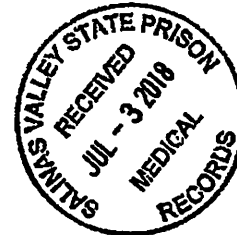NEUROLOGIC: cranial nerves II-XII grossly intact;
PSYCHIATRIC: appropriate affect and demeanor;

Lab/Test Results: Reviewed CT

ASSESSMENT

802.4   S02.40EA   Closed fracture of zygomatic arch

781.0   M26.19   Trismus

PLAN:

Closed fracture of zygomatic arch Depressed fracture of arch
Has been several months since the injury. Plan for ORIF via Gillies approach. May need small osteotomies to mobilize arch.
The risks, benefits, alternatives, and indications of surgery were discussed with the patient, including but not limited to bleeding, infection, scar, failure to relieve trismus, need for additional procedures such as coronoidectomy, damage to branches of facial nerve, pain, unforseen complications. He understands and agrees to proceed.
Due to the extended delay ended up having a coronoidectomy performed

PHYSICIAN CERTIFICATION:

I THE UNDERSIGNED PHYSICIAN, HEREBY CERTIFY THAT I HAVE DISCUSSED THE PROCEDURE DESCRIBED IN THE CONSENT FORM WITH THIS PATIENT (OR THE PATIENT'S LEGAL REPRESENTATIVE), INCLUDING:
- The nature of the proposed care, treatment, services, medications, interventions, or procedures, including surgical site and laterality if applicable.
- The potential risks and benefits or side effects of the procedure,
- Reasonable alternatives
- The relevant risks, benefits, and side effects related to alternatives including the possible results of not receiving care, treatment, and services.
- The potential problems that may occur during recuperation.
- The likelihood of achieving treatment goals.
- Any research or economic interest I may have regarding this treatment.
- Risks, benefits, alternatives, options, and possible complications of sedation as well as risks of not using sedation if planned for the procedure.
- Any limitations of the confidentiality of information learned from or about the patient. CC Provider: SVSP Kevin Yang, RN

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#8·c

Baldwin, Anthony 11/03/1973
Office/Outpatient Consultation**New Pt- inmate, Right Maxillary Sinus Fx**
Visit Date: Thu, Jun 21, 2018 08:20 am
Provider: Michael German, MD (Assistant: Jessica Romero, MA)
Location: Salinas Central Coast Head & Neck Surgeons, Inc.

Electronically signed by Michael German, MD on 06/21/2018 08:32:50 AM
Printed on 06/22/2018 at 9:42 am.

Orders:
CC Provider Indicated in Note (Send-Out)

Diagnosis and Procedure Summary

<u>Primary Diagnosis:</u>

802.4 Closed fracture of zygomatic arch
    S02.40EA   Zygomatic fracture, right side, initial encounter for closed fracture

Orders:

781.0 Trismus
    M26.19   Other specified anomalies of jaw-cranial base relationship

#9

K02500

SALINAS VALLEY MEMORIAL HOSPITAL
Operative Report

Patient Name: Baldwin,Anthony
MRN: H0064214   Acct: H20165881
Adm Date: 08/15/18 Rm: SDC
DOB/Sex: 11/03/1973 M   Age: 44

3013

DATE OF PROCEDURE:
08/15/2018

SURGEON:
Michael German, M.D.

ASSISTANT SURGEON:
Not stated.

ANESTHESIOLOGIST:
Marc L. Von Berg, M.D.

ANESTHESIA:
General endotracheal anesthesia.

PREOPERATIVE DIAGNOSIS:
Trismus and prior facial fracture involving the right zygomaticomaxillary complex and the right mandibular ramus.

POSTOPERATIVE DIAGNOSIS:
Trismus and prior facial fracture involving the right zygomaticomaxillary complex and the right mandibular ramus.

PROCEDURES PERFORMED:
Right coronoidectomy.

ESTIMATED BLOOD LOSS:
10 mL.

DRAINS:
None.

SPECIMEN:
Coronoid process.

FINDINGS:
Temporalis tendon successfully released from coronoid process and coronoid itself removed with Leksell rongeur.

INDICATION FOR PROCEDURE:

SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM
450 East Romie Lane
Salinas, CA 93901
(831) 757-4333
page 1 of 3

K02500

#10

Operative Report

Patient Name: Baldwin, Anthony
MRN: H0064214   **Acct:** H20165851
Adm Date: 08/15/18 **Rm:** SDC
DOB/Sex: 11/03/1973 M   **Age:** 44

DR. ROSANA JAVATE MISSED THE SERIOUSNESS OF MY INJURIES & MISTAKENLY REFFERED ME TO DENTAL CAUSING IT TO TAKE 5 MONTHS TO GET TO SURGERY & RESULTING IN A CORONDIDECTOMU

This is an inmate who sustained facial fractures in February of this year. He developed trismus after the fractures had healed. These were diagnosed in a delayed fashion by the jail. Currently he can open his mouth to a maximum of 1.8 cm.

The risks, benefits, alternatives and indications were discussed with the patient including but not limited to bleeding, infection, nerve injury, continued or even worsened trismus, need for additional procedures, and/or unforeseen complications. He understands fully and agrees to proceed.

DESCRIPTION OF OPERATION:
The patient was positioned supine on the operating table. General anesthesia was induced. A surgical pause was taken. He was prepped and draped in the usual sterile fashion.

I started by suturing the endotracheal tube to a left mandibular molar to secure it. Next, the mandible was palpated on the right hand side. The coronoid process was palpable through the mouth. Lidocaine with epinephrine was infiltrated in the mucosa up to the coronoid process. a #15 blade scalpel was then used to incise the buccal mucosa. Dissection was taken down directly to the coronoid process. A notch tool retractor was then used to retract the soft tissues superiorly. Electrocautery was used to clean the temporalis tendon off of the coronoid process. After releasing the tendon, the superior centimeter coronoid process was resected using a Leksell rongeur.

The wound was then irrigated. Hemostasis was controlled with bipolar cautery and then closed using 3-0 chromic suture.

CONDITION AT CLOSE OF THE PROCEDURE:
The patient was then awakened from anesthesia and transported in stable condition to the Post Anesthesia Care Unit.

COUNTS:
All instrument and sponge counts were correct at the end of the surgery.

COMPLICATIONS:
There were no complications.

SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM
450 East Romie Lane
Salinas, CA 93901
(831) 757-4333
page 2 of 3

#11

TOTAL P.004

Operative Report

Patient Name: Baldwin,Anthony
MRN: H0084214   Acct: H20165881
Adm Date: 08/15/18 Rm: SDC
DOB/Sex: 11/03/1973 M   Age: 44

Dictated by: German,Michael MD
DD: 08/15/18 1456
DT: 08/16/18 0913
TR: MRGARL

CC: California Dept of Corrections; German,Michael MD~

SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM
450 East Romie Lane
Salinas, CA 93901
(831) 757-4333
page 3 of 3

P.004/004   HIM   21:63   APR-14-2008

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

SVSP - Salinas Valley State Prison
31625 Highway 101
P.O. Box 1020
Soledad, CA 93960-

Patient:	BALDWIN, ANTHONY LEE	
DOB/Age/Sex:	11/3/1973 44 years Male	**Language:** English
Patient Race:	White	**CDCR #:** K02500
Encounter Date:	10/20/2015	**PID #:** 11775612
Attending:	Javate,Rosana P&S	**Referring:**

Request for Service

Request for Services (RFS) Entered On: 8/8/2018 12:58 PDT
Performed On: 8/8/2018 12:54 PDT by Ihlanfeldt, SueAnn RN
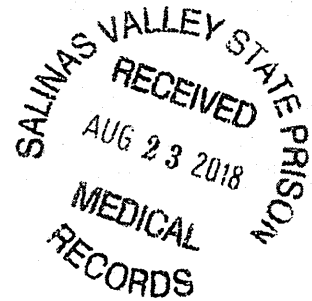
Primary_UM RN Review
UM Nurse Review : Criteria Met
UM Tracking Number : SVSP-18/19-1328661
EPRD. : Expected Parole Release Date (EPRD)
EPRD: 04/09/2021 (03/20/18)
Appointment Type : Offsite
Cancelled : No

Ihlanfeldt, SueAnn RN - 8/8/2018 12:54 PDT

2nd/3rd Level Review
Physician Manager : Approved

Kumar, Kim CME - 8/8/2018 13:22 PDT

RFS Order Details : Requested Services for Orthopedic Surgery:Orthopedic Surgery Evaluation

Primary Diagnosis:Left rotator cuff tear (M75.102)
Ordering Provider:Sam Pajong
Requested Start Date and Time:08/08/18 0:01:00 PDT
Priority:Urgent
Reason For Request:Shoulder and arm pain with partial thickness tear is by of NSAIDs and physical therapy and activity modification
Requested End Date/Time:08/24/18 23:59:00 PDT

Ihlanfeldt, SueAnn RN - 8/8/2018 12:54 PDT

Problem_List
Problem List Reviewed : Yes
Problem : Left shoulder pain

Kumar, Kim CME - 8/8/2018 13:22 PDT

Offsite/Consultant Note
Include Note for Offsite/Consultation Provider : Yes
Thank you for providing care to our patient. : In the interest of patient continuity, could you please provide preliminary instructions for future care while your final consultation/report is being generated?
Any Medication Changes : X_____
X_____

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

---

Report Request ID: 10375424

Print Date/Time: 8/8/2018 13:56 PDT

WARNING: This repor   ACCT# 101097323   'or legally privileged
in   MR# 000362660   /.
- 08/22/2018 M 44 2/60
BALDWIN, ANTHONY DOB: 11/03/1973
Dr. KOWALL MARK PCP: KUMAR REETIKA

#13

SVSP - Salinas Valley State Prison

Patient: **BALDWIN, ANTHONY LEE**
DOB/Age/Sex: 11/3/1973 / 44 years   / Male   CDCR: K02500

Request for Service

xx_____

Requested Diagnostic Imaging and/or Lab Testing :
X_____,
X_____,
xx_____

Other Specialty Services Requested/Required :
X_____,
X_____,
xx_____

Date of Service: : X_____ 8-22-18 _____
Consultant Printed Name : X_____ Kowall _____
Consultant Signature : X_____

Kumar, Kim CME - 8/8/2018 13:22 PDT

See DicTATion
TD Bo FAxed

SALINAS VALLEY STATE PRISON
RECEIVED
AUG 2 3 2018
MEDICAL
RECORDS

8/22/18

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Report Request ID: 10375424   Print Date/Time: 8/8/2018 13:56 PDT

TWIN CITIES COMM HOSP   PT: BALDWIN, ANTHONY
1100 Las Tablas Road   MR#: 362660TWI
Templeton, CA 93465   TYPE: 2   RM: OC
805/434-4516   ADM: 08/22/2018   DIS: 08/22/2018
                              ACCT: 101097323TWI   AUTH ID: 6323TWI
DOB: 11/03/1973   6323TWI Mark Kowall M.D.
Page 1 of 2   **CLINIC NOTE**

DATE OF SERVICE: 08/22/2018

CDCR NUMBER: K02500

INSTITUTION: Salinas Valley State Prison.

HISTORY OF PRESENT ILLNESS: Mr. Anthony Baldwin is a 44-year-old male, right
hand dominant, who is an inmate at Salinas Valley State Prison.

He was initially seen for his left shoulder on 3/9/2016. An MRI was
recommended and obtained on 6/30/2016, which demonstrated distal rotator cuff
tendinopathy and partial rotator cuff tear.

Conservative management was pursued including a subacromial injection. This
provided him only short-term benefit.

He was seen last on 10/19/2016 in the CDCR clinic. Options were discussed and
he elected to pursue operative intervention. We were awaiting authorization.

On presentation today, he notes ongoing left shoulder pain, which has
worsened. Similar in characterization to his pain noted 2 years ago. Pain
with overhead activities. Nighttime pain awakening. Pain referable to the
posterior capsule, subacromial space and anterior aspect.

ALLERGIES: PENICILLIN.

MEDICATIONS: Naproxen 500 mg b.i.d., omeprazole 20 mg daily, Trileptal 600 mg
b.i.d., Tylenol with Codeine p.r.n.

PAST MEDICAL HISTORY: Hepatitis C, history of irregular heartbeat.

PAST SURGICAL HISTORY: Jaw surgery on 8/15/2018 at Salinas Valley Medical
Center.

FAMILY HISTORY: Mother alive at age 70. Father deceased from liver failure.

SOCIAL HISTORY: Divorced, 2 children. Former occupation, tattooist.
Alcohol, denies. Former methamphetamine usage. Former cigarette usage.

REVIEW OF SYSTEMS: Significant for astigmatism, recent jaw surgery, hepatitis
C.

PHYSICAL EXAMINATION:

VITAL SIGNS: Height 5 feet 9 inches, weight 165. Blood pressure 141/97,

SALINAS VALLEY STATE PRISON
RECEIVED
AUG 23 2018
MEDICAL
RECORDS

K02500

TWIN CITIES COMM HOSP   PT: BALDWIN, ANTHONY
1100 Las Tablas Road   MR#: 362660TWI
Templeton, CA 93465   TYPE: 2   RM: OC
805/434-4516   ADM: 08/22/2018   DIS: 08/22/2018
                          ACCT: 101097323TWI   AUTH ID: 6323TWI
 DOB: 11/03/1973   6323TWI Mark Kowall M.D.
Page 2 of 2   **CLINIC NOTE**

pulse 94, respirations are 16.

Cervical spine
range of motion is normal. Left paracervical
discomfort. Foraminal compression test is negative.

LEFT SHOULDER: Inspection is unremarkable. He is tender over the proximal
biceps tendon and subacromial space. Active range of motion, forward flexion
120, abduction 40, internal rotation to L3, 3+ pain through the zone of
impingement. Impingement maneuvers 3+ positive including Jobe's and
abduction/internal rotation. Neurovascular exam grossly intact. Strength,
external rotation 4+/5, abduction 4+/5, supraspinatus 4+/5.

ASSESSMENT:
1.   Left shoulder partial rotator cuff tear.
2.   Chronic impingement.
3.   Early acromioclavicular joint osteoarthritis.

TREATMENT: Symptoms, physical exam findings, past MRI, diagnosis and options
discussed. His symptoms have continued for the past 2 years. He is again
interested in pursuing operative intervention, left shoulder arthroscopy,
arthroscopic subacromial decompression and arthroscopic rotator cuff repair.
The procedure, risks and complications outlined. Information literature from
the American Academy of Orthopedic Surgeons website was given to the patient.
We will await authorization.

Authenticated and Edited by MARK KOWALL MD [00323] on 08/23/2018 at 05:53:41

Mark Kowall M.D.

12368345
d: 08/22/2018 11:23 PDT   t: 08/22/2018 18:34 PDT hn

cc: Salinas Valley State Prison